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OFFICE OF PETITIONS

Application Data Sheet
Application Information

Application type:: Regular

Subject matter:: Utility

CD-ROM or CD-R:: None

Number of CD disks:: 0

Number of copies of CDs:: 0

Sequence submission?:: No

Computer readable form (CRF)?:: No

Number of copies of CRF:: 0

Title:: RATE CONTROL METHOD FOR

REAL-TIME VIDEO

COMMUNICATION BY USING A

DYNAMIC RATE TABLE

Attorney docket number::

Request for early publication?:: No

Request for non-publication?:: No

Suggested drawing figure::

Total drawing sheets:: 0

Small entity?:: Yes

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Taiwan, R.O.C.

Status: Full capacity

Given name:: Jyi-Chang

Middle name::

Family name:: TSAI

Name suffix::

City of Residence:: Kaohsiung City

State or province of residence::

Country of residence:: Taiwan, R.O.C.

Street of mailing address:: 3F, No. 268, Chunghua 1 Rd.

Kushan District

City of mailing address:: Kaohsiung City

State or province of mailing

address::

Country of mailing address:: Taiwan, R.O.C.

Postal or zip code of mailing

address::

Applicant Information

Applicant authority type:: Inventor

Primary citizenship country:: Taiwan, R.O.C.

Status: Full capacity

Given name:: Chaur-Heh

Middle name::

Family name:: Hsieh

Name suffix::

City of Residence:: Kaohsiung City

State or province of residence::

Country of residence:: Taiwan, R.O.C.

Street of mailing address:: 4F., No. 53, Kuanghsing St.,

Tsoying District

City of mailing address:: Kaohsiung City

State or province of mailing

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Country of mailing address:: Taiwan, R.O.C.

Postal or zip code of mailing

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Correspondence Information

Correspondence customer number:: 23364

Phone number:: 703-683-0500

Page # 2 Supplemental ADS Appl. 10/073901 2/5/04

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Representative Information					
Representative customer number:: 23364					
Representative customer named 2001					
Domestic Priority Information					
Application::	Continuity Type::	Type:: Paren Appli		: cation::	Parent Filing
					Date::
Foreign Priority Information					
Country::	Application number::			Filing Date::	Priority claimed::
				-	
		-			
Assignee Information					
Assignee name::					
Street of mailing address::					
City of mailing address::					

Page # 3

State or province of mailing

Country of mailing address::

Postal or zip code of mailing address::

address::

Supplemental ADS Appl. 10/073901 2/5/04